

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G637	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 12/23/2013
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NAME OF PROVIDER OR SUPPLIER STONE BELT ARC INC	STREET ADDRESS, CITY, STATE, ZIP CODE 214 E SOUTHERN DR BLOOMINGTON, IN 47401
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W000000	<p>This visit was for the investigation of complaint #IN00140534.</p> <p>Complaint #IN00140534 - Substantiated. Federal/state deficiencies related to the allegations are cited at W149, W153 and W154.</p> <p>Unrelated deficiency cited.</p> <p>Survey Dates: December 19, 20 and 23, 2013</p> <p>Facility Number: 001210 Provider Number: 15G637 AIM Number: 100240200</p> <p>Surveyor: Steven Schwing, QIDP</p> <p>These deficiencies also reflect state findings in accordance with 460 IAC 9.</p> <p>Quality review completed January 2, 2014 by Dotty Walton, QIDP.</p>	W000000		
W000104	<p>483.410(a)(1) GOVERNING BODY The governing body must exercise general policy, budget, and operating direction over the facility.</p> <p>Based on observation and interview for 5 of 5 clients living in the group home (A, B, C, D and E), the governing body failed to exercise general operating</p>	W000104	W104 Plan of Correction: The facility van has been repaired and the door is in safe and working condition. Plan of Prevention: Staff will be retrained on reporting	01/22/2014

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (see instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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	<p>direction over the facility by failing to ensure repairs to the group home van's rear doors was conducted.</p> <p>Findings include:</p> <p>An observation was conducted at the group home on 12/19/13 from 4:02 PM to 5:45 PM. At 4:34 PM, clients A, B, C and D arrived home in the group home van. The top of the left rear door of the wheelchair accessible van moved back and forth when opened. The top 16 inches of the door was rusted. The portion of the door that was moving just above the window had the latch for the left rear door. The top frame of both doors was rusted. The right rear door was also rusted however the top section was not loose like the left rear door. This affected clients, A, B, C, D and E.</p> <p>An interview with client A was conducted on 12/19/13 at 4:34 PM. Client A stated the van door had been rusted and loose for "years." On 12/20/13 at 2:03 PM, client A stated, "I'm afraid they (tops of the doors) are going to fall off and hit me in the head."</p> <p>An interview with the home manager was conducted on 12/19/13 at 4:34 PM. The manager stated the top of the door had been loose for "a while."</p>		<p>immediate safety needs to the facility maintenance department for repair. Quality Assurance Monitoring: Facility staff will complete a van maintenance checklist monthly to document the condition and upkeep of the facility vehicle.</p>				

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W000149	<p>On 12/20/13 at 12:55 PM, the Director of Supported Group Living indicated she was not aware of any issues with the group home van.</p> <p>An interview with the Chief Financial Officer (CFO) was conducted on 12/20/13 at 1:12 PM. The CFO indicated he was not aware of any issues with clients A, B, C, D and E's van. The CFO indicated the facility needed to have the van assessed and repaired. On 12/20/13 at 1:58 PM, the CFO indicated he reviewed the work orders submitted since June 2013 and he did not find any addressing the van's doors.</p> <p>9-3-1(a)</p> <p>483.420(d)(1) STAFF TREATMENT OF CLIENTS The facility must develop and implement written policies and procedures that prohibit mistreatment, neglect or abuse of the client. Based on record review and interview for 1 of 12 incidents reviewed affecting client A, the facility neglected to implement its policies and procedures to prevent alleged verbal/psychological abuse, report abuse to the Bureau of Developmental Disabilities Services (BDDS) and investigate abuse.</p> <p>Findings include:</p>	W000149	W149 Plan of Correction: Client A was interviewed by an ISDH state surveyor on 12/19/13 and 12/20/13. She shared information with the surveyor that was not known or reported to agency staff. Director of SGL was made aware of Client A's report upon reading the state survey on 1/14/14. Client A reported to the state surveyor that her coordinator yelled at her in front	01/22/2014
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	<p>A review of the facility's incident reports was conducted on 12/19/13 at 12:17 PM and indicated the following: There was no documentation of a facility incident report, a Bureau of Developmental Disabilities Services (BDDS) incident report or an investigation into the Coordinator being verbally inappropriate (rude) or intimidating to client A.</p> <p>On 12/19/13 at 11:33 AM, client A stated the Coordinator of her group home was "snotty" with her. Client A indicated she reported her concerns to the Director of Supported Group Living on 12/2/13 during her annual meeting. On 12/20/13 at 2:03 PM, client A stated the Coordinator was "intimidating to me." Client A indicated she avoided contact with the Coordinator as much as possible. Client A indicated the Coordinator yelled at her in front of others while in the cafeteria. Client A indicated the Coordinator should have discussed the issue with her in private. Client A indicated she reported her concerns to the Director. Client A stated the Coordinator was "rude" and used a "hateful" voice when she answered the phone on this date when client A called the home to talk with one of the staff. Client A indicated the Coordinator called her a "liar" on several occasions.</p>		<p>of others in the cafeteria, was "rude" and used a "hateful" voice when she answered the phone, indicated the coordinator called her a "liar" on several occasions and that she did not like the way the coordinator treated her. Client A reported to the surveyor that the coordinator "embarrassed" and "annoyed" her. Client A did not report these concerns to the Director, as she indicated to the state surveyor. Client A did report during her annual on 12/20/13, that she felt intimidated by coordinator. Director of SGL reviewed Client A's comment of feeling intimidated with the coordinator and created a plan for supervision and professional development around her communication style on 12/3/13. There have been no further negative reports to date. Plan of Prevention: Facility staff, including coordinator, received retraining on Prevention of Abuse and Neglect on 1/3/14. Quality Assurance Monitoring: Coordinator will actively participate in monthly supervision with Director of SGL which will include review of performance, communication styles/patterns/tones of voice with staff and clients using self report and supervisor observation.</p>		

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	<p>On 12/20/13 at 2:03 PM, client A indicated she did not like the way the Coordinator treated her. Client A stated the Coordinator "embarrassed" and "annoyed" her.</p> <p>On 12/20/13 at 10:06 AM, client A's sister stated client A reported to her that she was "intimidated" by the Coordinator. Client A's sister indicated 4-5 weeks ago, the Coordinator yelled at client A in the foyer at the day program. Client A's sister indicated client A reported the incident to the Director.</p> <p>On 12/19/13 at 12:42 PM, the Director indicated during client A's annual meeting, client A reported she was intimidated by the Coordinator. The Director indicated she met with the Coordinator on 12/3/13 to discuss the concerns but not specific to client A. The Director indicated she had not documented her conversation with the Coordinator on 12/3/13. On 12/20/13 at 12:55 PM, the Director indicated she did not see the report by client A as abuse. The Director stated the Coordinator was "blunt" and "to the point." The Director indicated the intimidation of client A by the Coordinator was not reported to BDDS due to not thinking it was abuse. The Director indicated the incident was not investigated.</p>			

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	<p>On 12/20/13 at 1:54 PM, a review of the facility's Behavioral Intervention Policy, dated 9/2013, was conducted. The policy indicated, in part, "Abuse and neglect are never acceptable. Abuse is defined as the willful/purposeful infliction of physical or emotional pain, injury, physical violation, revilement, malignment, exploitation and/or otherwise disregard of an individual. Neglect is the failure to provide appropriate care, food, medical care or supervision of an individual, whether purposeful or due to carelessness, inattentiveness, or omission of the responsible party which results in risk of physical harm and/or emotional trauma. Emotional/Verbal abuse: Consists of the intentional use of actions, words, or activities where an individual suffers emotional/psychological harm or trauma. This includes, but is not limited to the following: 9. Intimidation/Coercion: To dominate, force or bring about by force, fear or threat behavior or compliance."</p> <p>This federal tag relates to complaint #IN00140534.</p> <p>9-3-2(a)</p>						

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W000153	<p>483.420(d)(2) STAFF TREATMENT OF CLIENTS The facility must ensure that all allegations of mistreatment, neglect or abuse, as well as injuries of unknown source, are reported immediately to the administrator or to other officials in accordance with State law through established procedures. Based on record review and interview for 1 of 12 incidents reviewed affecting client A, the facility failed to report alleged verbal/psychological abuse to the Bureau of Developmental Disabilities Services (BDDS).</p> <p>Findings include:</p> <p>A review of the facility's incident reports was conducted on 12/19/13 at 12:17 PM and indicated the following: There was no documentation of a Bureau of Developmental Disabilities Services (BDDS) incident report into the Coordinator being verbally intimidating or inappropriate (rude) to client A.</p> <p>On 12/19/13 at 11:33 AM, client A stated the Coordinator of her group home was "snotty" with her. Client A indicated she reported her concerns to the Director of Supported Group Living on 12/2/13 during her annual meeting. On 12/20/13 at 2:03 PM, client A stated</p>	W000153	W153 Plan of Correction: The information presented in W153 was unknown to facility until the survey was read on 1/14/14. An Incident Report has been submitted based upon information from the ISDH survey report. Plan of Prevention: Facility staff, including coordinator, received retraining on Prevention of Abuse and Neglect, which includes reporting incidents in accordance with agency policy and state regulations. Quality Assurance Monitoring: Coordinator will actively participate in monthly supervision with Director of SGL to review of performance, including following agency policies and state regulations.	01/15/2014	

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	<p>the Coordinator was "intimidating to me." Client A indicated she avoided contact with the Coordinator as much as possible. Client A indicated the Coordinator yelled at her in front of others while in the cafeteria. Client A indicated the Coordinator should have discussed the issue with her in private. Client A indicated she reported her concerns to the Director. Client A stated the Coordinator was "rude" and used a "hateful" voice when she answered the phone on this date when client A called the home to talk with one of the staff. Client A indicated the Coordinator called her a "liar" on several occasions. On 12/20/13 at 2:03 PM, client A indicated she did not like the way the Coordinator treated her. Client A stated the Coordinator "embarrassed" and "annoyed" her.</p> <p>On 12/20/13 at 10:06 AM, client A's sister indicated client A stated to her that she was "intimidated" by the Coordinator. Client A's sister indicated 4-5 weeks ago, the Coordinator yelled at client A in the foyer at the day program. Client A's sister indicated client A reported the incident to the Director.</p> <p>On 12/19/13 at 12:42 PM, the Director indicated during client A's annual meeting, client A reported she was</p>						

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W000154	<p>intimidated by the Coordinator. The Director indicated she met with the Coordinator on 12/3/13 to discuss the concerns but not specific to client A. The Director indicated she had not documented her conversation with the Coordinator on 12/3/13. On 12/20/13 at 12:55 PM, the Director indicated she did not see the report by client A as abuse. The Director indicated prior to client A's report, she had received reports from staff regarding the Coordinator's interactions with the clients. The Director stated the Coordinator was "blunt" and "to the point." The Director indicated the intimidation of client A by the Coordinator was not reported to BDDS due to her not thinking it was abuse.</p> <p>This federal tag relates to complaint #IN00140534.</p> <p>9-3-2(a)</p> <p>483.420(d)(3) STAFF TREATMENT OF CLIENTS The facility must have evidence that all alleged violations are thoroughly investigated. Based on record review and interview for 1 of 12 incidents reviewed affecting client A, the facility failed to investigate</p>	W000154	W154 Plan of Correction: Client A reported feeling intimidated by coordinator, during her annual meeting on 12/2/13. Director of	01/16/2014

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	<p>alleged verbal/psychological abuse.</p> <p>Findings include:</p> <p>A review of the facility's incident reports was conducted on 12/19/13 at 12:17 PM and indicated the following: There was no documentation of a facility incident report or an investigation into the Coordinator being intimidating or inappropriate (rude) to client A.</p> <p>On 12/19/13 at 11:33 AM, client A stated the Coordinator of the group home was "snotty" with her. Client A indicated she reported her concerns to the Director of Supported Group Living on 12/2/13 during her annual meeting. On 12/20/13 at 2:03 PM, client A stated the Coordinator was "intimidating to me." Client A indicated she avoided contact with the Coordinator as much as possible. Client A indicated the Coordinator yelled at her in front of others while in the cafeteria. Client A indicated the Coordinator should have discussed the issue with her in private. Client A indicated she reported her concerns to the Director. Client A stated the Coordinator was "rude" and used a "hateful" voice when she answered the phone on this date when client A called the home to talk with one of the staff. Client A indicated the Coordinator</p>		<p>SGL investigated this by interviewing the coordinator about Client A's comment on 12/3/13 and a plan of correction was immediately put in place; monthly supervision to review coordinator performance, communication style, tone of voice and compliance with agency policies and state regulations. Plan of Prevention: Facility staff, including coordinator, received retraining on Prevention of Abuse and Neglect on 1/3/13. Coordinator will participate in incident investigation training on 1/16/13, provided by an outside expert. Quality Assurance Monitoring: The agency's QA process has been revised to include a review and report of all investigations on allegations A/N/E by a third party QA member and the QA team will recommend and monitor corrective action.</p>				

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	<p>called her a "liar" on several occasions. On 12/20/13 at 2:03 PM, client A indicated she did not like the way the Coordinator treated her. Client A stated the Coordinator "embarrassed" and "annoyed" her.</p> <p>On 12/20/13 at 10:06 AM, client A's sister indicated client A stated to her that she was "intimidated" by the Coordinator. Client A's sister indicated 4-5 weeks ago, the Coordinator yelled at client A in the foyer at the day program. Client A's sister indicated client A reported the incident to the Director.</p> <p>On 12/19/13 at 12:42 PM, the Director indicated during client A's annual meeting, client A reported she was intimidated by the Coordinator. The Director indicated she met with the Coordinator on 12/3/13 to discuss the concerns but not specific to client A. The Director indicated she had not documented her conversation with the Coordinator on 12/3/13. On 12/20/13 at 12:55 PM, the Director indicated she did not see the report by client A as abuse. The Director indicated the Coordinator was blunt and to the point. The Director indicated the incident was not investigated.</p> <p>This federal tag relates to complaint</p>						

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